



2024 Safety Application

The NUCA of the Carolinas Safety Awards are for contractor members who want to document their commitment to safety and gain statewide recognition for outstanding performance. NUCA of the Carolinas aims to honor and properly recognize those of you who work diligently to provide a safe work environment for your personnel. The Safety Award is recognition from your own peers and for that reason the NUCA of the Carolinas Safety and Risk Management Committee encourages all Contractor Members to apply for this special award.

Your company will be competing against companies of like size. Two categories will be recognized this year: **The S&RM Committee will determine the two categories by man hours.** Entering the awards program is easy and the potential is great for employee morale, for insurance purposes and for your personal sense of achievement, enter today!

All data is kept confidential. A contractor, an insurance professional, and an equipment supplier will judge all entries. NUCA of the Carolinas staff will remove all identification from applicants' materials before the material is reviewed by the judges. The judges may acknowledge "Honorable Mention" recipients in addition to category winners.

Applications must be submitted to NUCA of the Carolinas headquarters by February 12, 2024.

Your participation will offer many benefits to your company. Get involved and apply for the 2024 Safety Award! Awards will be presented at the 2024 NUCA of the Carolinas Spring Conference Awards Banquet April 20, 2024, Wild Dunes Resort, Isle of Palms, S.C.

PLEASE SEND COMPLETED APPLICATIONS TO:

NUCA OF THE CAROLINAS
P.O. BOX 10519
WILMINGTON, N.C. 28404
Or
Lgoslee@nucacarolinas.org

- | | YES | NO |
|--|-------|-------|
| 1. Do you have a Written Safety Program?
(Please attach Table of Contents) | _____ | _____ |
| 2. Are all current employees trained in the above safety program?
_____ % or _____ out of # _____ employees | | |
| How often does your company provide updates and/or refreshers on the above Safety Program | _____ | |
| 3. Does your company have a full time Safety Director? _____
If not, who is responsible for overseeing the safety of the company's employees? | _____ | |
| 4. Does your company have a formal orientation program for all new hires on the above
Safety Program? _____
(Please attach outline) | _____ | |
| 5. Was your company inspected by OSHA this past year? _____
If yes, how many times? _____
Did you receive any Citations? _____ If yes, attach explanation.
Willfull _____ Serious _____ Other _____
Certificate/Letters of Compliance _____ | | |
| 6. What is the total number of vehicles that your company insures? _____
Total number of vehicle accidents this past year? _____
Does your company have Defensive Driving Program? _____
Does your company have a written Fleet Safety Program? _____ | | |
| 7. Please complete the following using your company's 300A Form: | | |
| A) Total number of lost workday cases | _____ | |
| B) Total number of restricted workday cases | _____ | |
| C) Total number of lost/restricted days | _____ | |
| D) Total number of fatalities | _____ | |
| E) Total number of OSHA recordables | _____ | |
| F) Total number of man hours | _____ | |
| 8. Current year EMR _____ | | |
| 9. What is your DART Incident Rate for prior year? _____
Please add Column H + I on your 300A, multiply by 200,000 then divide by the actual
number of man hours worked (this includes overtime) | | |

